

CASE PLAN REVIEW (Part C)

PURPOSE: To involve the team (parents, relatives, social workers, placement providers, and community members) in examining, assessing and reviewing the placement of the child(ren) and the various aspects of that placement.

Family Name:_____ **Social Worker Name:**_____ **Date of Review:**_____ (____Initial ____Update)

I. CHILDREN:

Child #	Names	DOB	*Primary Permanent Plan	*Alternative Permanent Plan	Projected Completion Date	Date of First Placement	# of Plcments	Date of Current Placement	Name of Current Placement Provider
1									
2									
3									
4									
5									

II. SUMMARY OF RECOMMENDATIONS FROM LAST REVIEW: (For Update only)	III. ISSUES TO BE DISCUSSED BY TEAM: (Must include what the barriers/safety issues are that prevent the plan from being achieved today and what it will take to get the child in a permanent home tomorrow.) Specify for each child.

IV. CASE REVIEW: (Discuss the answers for each question at Permanency Planning Action Team. Document the explanation of the No answers.)

For each child, are the conditions that necessitated placement still present? If No, explain:		
Child #	Yes	No
1		
2		
3		
4		
5		

***Primary and Alternative Permanent Plan Types:** **01**-Prevention of out-of-home placement; **02-B**-Family reunification with both parents; **02-M**-Family reunification with mother; **02-F**-Family reunification with father; **03**-Adoption; **04**-Guardianship with relative; **05**-Guardianship with other court approved caretaker (specify); **06-P**-Custody with non-removal parent; **06-R**-Custody with relative; **07**-Custody with other approved caretaker (specify); **09**-Emancipated youth or youth age 18 or over who has signed a voluntary placement agreement.

Is the current placement appropriate to meet each child's needs? If No, explain:

Child #	Yes	No
1		
2		
3		
4		
5		

Is the current permanent plan appropriate for each child? If No, explain:

Child #	Yes	No
1		
2		
3		
4		
5		

V. SERVICE PROVISION: (Describe or attach documentation for the following questions)

What agency efforts have been made to achieve **each child's** permanent plan?

What progress have the parents made towards achieving **each child's** permanent plan?

What services have other community agencies provided to help the family achieve **each child's** permanent plan? What other services are required?

VI. WORKER COMMENTS:

--

VII. OTHER TEAM RECOMMENDATIONS AND COMMENTS:

--

VIII. REVIEW NOTIFICATION: (If parent(s) and placement provider(s) were not notified of the Permanency Planning Action Team meeting explain why:)

--

IX. SIGNATURE AND RELATIONSHIP TO CHILD OF PERSON PRESENT FOR REVIEW:

Instructions for Use: Complete Case Plan Review (Part C) prior to each meeting. At a minimum, reviews must be held within 30 days of custody and placement, 90 days from that date and every 6 months thereafter. One form may be completed for all of the children in the family (for families with more than five children, attach additional form). All Sections must be completed. The Family Services Case Plan (Part A) or Child Services Case Plan (Part AA), Placement (Part B), and Independent Living Component (if applicable), must be attached to this form. File all Case Plan Documents together in the case record after team recommendations are recorded.